DOCUMENT RESUME

ED 292 025 CG 020 632

TITLE Summary of Selected Studies of Mental Health Issues; Relatd Materials. Mental Health Issues Memo No. 2.
INSTITUTION Wisconsin State Legislative Council, Madison.
PUB DATE 10 Sep 86
NOTE 17p.
PUB TYPE Information Analyses (070) -- Reference Materials - Bibliographies (131)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Deinstitutionalization (of Disabled); Institutionalized Persons; *Mental Disorders; *Mental Health; *Research and Development; State Programs
IDENTIFIERS Wisconsin

ABSTRACT

This report was written for the Wisconsin State Legislative Council's Special Committee on Mental Health Issues. It summarizes selected studies of mental health issues, focusing on the most recent studies conducted in Wisconsin and studies conducted elsewhere that examined issues relevant to the work of the committee. For each study reviewed, information is provided on the date of the study, the subjects and methodology used, and findings and conclusions. Four studies conducted in Wisconsin are reviewed which deal with the involuntary civil commitment process in Wisconsin and in Milwaukee County and with mental health inpatient services. Also included is a list of materials relating to parents and family members of the mentally ill which was collected by the Alliance for the Mentally Ill. Studies reviewed which do not focus specifically on Wisconsin mental health services include studies examining state programs for care of the seriously mentally ill, funding sources and expenditures by state mental agencies, national guidelines for involuntary civil commitment, the homeless mentally ill, a model state law on civil commitment of the mentally ill, statutory criteria for civil commitment, and the National Institute of Mental Health Community Support Program. A list of eight articles relating to the nature and treatment of mental illness concludes the report. (NB)

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Bonnie Reese
Executive Secretary

MENTAL HEALTH ISSUES
MEMO NO. 2
September 10, 1986

TO: MEMBERS OF THE SPECIAL COMMITTEE ON MENTAL HEALTH ISSUES

FROM: Pam Russell, Staff Attorney

SUBJECT: Summary of Selected Studies of Mental Health Issues; Related Materials

A. INTRODUCTION

This Memo was prepared for the Legislative Council's Special Committee on Mental Health Issues. It summarizes selected studies of mental health issues that may be of interest to the Special Committee. For each study, this Memo gives: (1) the date of the study; (2) the subject and methodology used; and (3) the findings and conclusions drawn, if any, by the authors.

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This Memo is not intended to be a review of all studies relating to mental health issues; it focuses on the most recent studies that were conducted in Wisconsin or that examined issues of particular relevance to the work of the Special Committee regardless of where conducted. In addition, other related materials are reviewed. Unless otherwise noted, copies of the studies are available at the Legislative Council offices for Committee member use.

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B. STUDIES SPECIFIC TO MENTAL HEALTH ISSUES IN WISCONSIN

1. "Wisconsin Involuntary Civil Commitment Process: Three Research Reports," by the Department of Health and Social Services, Division of Community Services, Office of Mental Health, dated January 1986

a. Date of Study

This study was based on survey responses collected in 1982 and 1983.

b. Subject and Methodology

This study consisted of three separate surveys conducted by the Department of Health and Social Services (DHSS). The first survey was based on questionnaires sent to 190 Wisconsin circuit court judges, or their designees, for the purpose of identifying the disposition of individual involuntary commitment cases filed between July 1, 1982 and June 30, 1983. The results of this survey were then checked against data collected by the Wisconsin Director of State Courts Office.

The second survey was based on questionnaires mailed to 2,000 persons, including mental health professionals, community services board members, members of local chapters of the Alliance for the Mentally Ill (AMI), law enforcement agencies and attorneys. The purpose of this survey was to identify specific cases where an involuntary commitment effort was attempted but did not result in a commitment.

The third study was based on a survey of the same persons contacted in the second survey, and was undertaken to elicit respondents' opinions on the statutory involuntary commitment standards.

c. Findings and Conclusions

Of the 190 judges who received questionnaires, 33 responded to the first survey (a 17% response rate). The respondents reported a total of 1,378 involuntary commitment cases filed in their courts between July 1, 1982 and June 30, 1983. Of these cases, 25% resulted in involuntary commitments; 31% resulted in voluntary treatment; 19% resulted in dismissal; and the disposition was unknown in the remaining 25% of the cases. These results were further analyzed by region; the authors concluded that a proportionally lower number of petitions are filed in Milwaukee County, as compared with other counties, and the lowest percentage of commitment proceedings which result in commitment occur in Milwaukee County and the Eau Claire region.

In the second survey, tracking involuntary civil commitment cases, 87 responses were received, of which 80 responses were usable, from the 2,000

questionnaires mailed (a 4% usable response rate). From these 80 responses, 37 cases were selected and examined in follow-up interviews. The survey results showed that, of the total number of subjects of commitment proceedings reported, 3.5% were involuntarily committed; 88% of the subjects of unsuccessful commitment proceedings were rated as dangerous under the current commitment standards; 61% of the total subjects received voluntary treatment; and 5% of the commitment proceedings went to a final hearing.

The third survey asked 2,000 recipients to rank their level of satisfaction with statutory language on the standards for involuntary commitment. A total of 390 responses were received, of which 378 responses were usable (a 19% usable response rate). The survey results indicated that Milwaukee County respondents evinced the least satisfaction with current statutory standards, while the eastern region respondents (consisting of respondents from Marinette, Oconto, Menominee, Shawano, Door, Waupaca, Outagamie, Brown, Kewaunee, Waushara, Winnebago, Calumet, Manitowoc, Marquette, Green Lake, Fond du Lac and Sheboygan Counties) appeared most satisfied. Also, private citizens were generally less satisfied with existing involuntary commitment standards than were mental health professionals or other professionals.

On a statewide basis, respondents to the third survey appeared to be most satisfied with the statutory standard permitting the commitment of persons who are "unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment." The respondents appeared least satisfied with the current statutory standard of dangerousness based on a showing that the individual "evidences a substantial probability of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm."

2. "A Study of Mental Health Inpatient Services of Fifteen Wisconsin Boards," by David Goodrick, former Director, Wisconsin Office of Mental Health, DHSS, dated March 25, 1985

a. Date of Study

This study was requested in June 1983, by the Legislature's Joint Committee on Finance, and was based on: (1) data reported to the DHSS for the 1980 to 1983 period; and (2) interviews and questionnaire responses collected in 1983 and 1984.

b. Subject and Methodology

The purpose of the study was to examine county variations in utilization of inpatient care of the mentally ill and, on the basis of this study, to make recommendations for ensuring that inpatient care is provided only when community-based care is inappropriate. The study examined programs operated by 15 mental health boards, selected to represent various regions, populations, inpatient arrangements and the spectrum of patterns of inpatient capacity, utilization and expenditures. The data studied included data reported to the DHSS by the county mental health boards as part of the Transitional Information System (TIS) and the Client Service Information System (CSIS), plus gross expenditure and revenue data reported to the DHSS.

c. Findings and Conclusions

The study found that the 15 mental health boards varied dramatically in their inpatient utilization patterns, ranging from a high of 73% of total spending being used for inpatient services in Brown County in 1983 to a low of 13% being so used in Lafayette County in 1983.

Based on the study findings, the Office of Mental Health developed 12 recommendations to reduce inpatient costs, utilization and capacity to the clinically necessary level. These recommendations were divided into five categories: (1) local program initiatives; (2) state-local initiatives; (3) DHSS initiatives; (4) legislative study proposals; and (5) proposals for study for future legislative budgets.

3. "Milwaukee County Mental Health Involuntary Commitment Process: Monitoring Negotiated Settlements--Special Review," by the Milwaukee County Department of Audit, Marilyn B. Mayr, Director, dated June 1986

a. Date of Study

The study was based on data on negotiated settlements arising from involuntary civil commitment of mental illness cases settled in 1985 and 1986.

b. Subject and Methodology

The Milwaukee County Department of Audit reviewed 110 involuntary civil commitment cases which resulted in a "stipulated settlement" in Milwaukee County. In Milwaukee County, a stipulated settlement between the subject individual (or the subject's representative) and the Milwaukee County Corporation Counsel may occur at any point during the involuntary commitment process up to the final commitment decision. The settlement may consist of an agreement that the subject will undergo treatment in a setting that is less restrictive than involuntary commitment. The specific conditions and terms which must be met by the subject are stated in the settlement agreement. Generally, if the subject complies with these conditions, the court will dismiss the commitment proceedings. If the court is notified of noncompliance with the terms of the agreement, the court may have the subject redetained and the involuntary commitment procedure recommenced.

The purpose of the audit was to determine the adequacy of the monitoring system used in individual cases to ensure that the conditions of the stipulated settlement were being followed by the subject of the proceedings.

c. Findings and Conclusions

The study found that 51% of all stipulated settlements studied were not monitored by the Milwaukee Combined Community Services Board (CCSB), the body designated to monitor stipulated settlements for compliance with the terms of the settlement. The study also found that treatment centers, including outpatient clinics operated by the Milwaukee Mental Health Complex, were unaware of the CCSB's monitoring function and the need to report to the CCSB any noncompliance with the terms of a settlement. The auditors also found that treatment centers were not informed of the conditions of the settlement or the patient's legal status.

As a result of this study, the Milwaukee County Audit Department made seven recommendations to the CCSB to enhance its monitoring function. The final report includes both these recommendations and the CCSB's response to each recommendation. Also, the Audit Department made four recommendations regarding monitoring of "court-ordered voluntary" agreements, a separate type of negotiated settlement involving a patient who requires extended inpatient treatment.

4. "An Evaluation of Involuntary Civil Commitment in Milwaukee County," by Ingo Keilitz and Bradley McGraw, Institute on Mental Disability and the Law, National Center for State Courts, dated April 25, 1983

a. Date of Study

This study was based on an evaluation of mental health commitments in Milwaukee County between August 1982 and April 1983.

b. Subject and Methodology

This study was part of the "Least Restrictive Alternative Project," funded by the U.S. Department of Health and Human Services (DHHS). The purpose of the Project was to develop a model program for coordinating the effective application of community resources for less restrictive alternatives to involuntary hospitalization and the treatment and care of mentally ill, elderly and disabled persons. The Project involved assessments of how courts in six cities, including Milwaukee, use community resources when applying the "least restrictive alternative" doctrine as part of commitment proceedings. [The full study is summarized in Section C, 3, of this Memo.]

The authors examined the statutory procedures for involuntary civil commitment in Wisconsin and their actual implementation in Milwaukee County. The elements of implementation examined include emergency detention, involuntary commitment, crisis intervention, voluntary admission, criminal court procedures involving mental health commitments, the "gatekeeper" program and hospital admissions and treatment procedures. The authors examined specific issues relating to these aspects of the commitment process, such as ease of initiating the process, observation of patients' rights, effectiveness of the commitment criteria, compliance with the least restrictive alternative doctrine and coordination of services, training and public education. Study methods included review of available literature, statutory review, preliminary site visits, intensive field research and interviews.

c. Findings and Conclusions

The authors made factual findings regarding how the involuntary civil commitment system operates in Milwaukee County in all of the areas of study listed in Subpart b, above. As a result of these findings, the authors offered a total of 28 recommendations involving changes in these procedures. Although some of these recommendations involve statutory changes, the majority involve procedural changes specific to Milwaukee County.

The recommendations fall into categories of: initiating involuntary civil commitment; hospital admission and detention procedures; negotiations and settlements of cases prior to judicial hearings; probable cause hearings; patients' compliance with terms of least restrictive alternative; social work resources; final commitment hearings; the proposed standard permitting the commitment of persons who are unable to make an informed decision regarding treatment; linkages, coordination and cooperation; and training and education. The authors indicate that many of the recommendations were wholly or partially implemented between the time of the field research and the preparation of the final report.

5. Compiled Materials Relating to Parents and Family Members of the Mentally Ill, Collected by the Alliance for the Mentally Ill, undated

This material is not the result of a study; however, it was provided to Committee Staff by the DHSS in response to a request for information relating to support services available to persons with a mentally ill family member. The packet of materials includes the following items:

a. A list of committees of the DHSS, Office of Mental Health, on which the AMI participates.

b. An article, "Parents of Schizophrenics: Advocates for the Mentally Ill," by H. Richard Lam and E. Oliphant, dated 1979.

c. A map of Wisconsin listing the location and service area of the 40 AMI of Wisconsin affiliate chapters.

d. An article, "Thoughts for Mental Health Workers from Families of Persons With Mental Illness," provided by AMI of Dane County, Wisconsin, undated.

e. A description of the efforts of the National Alliance for Research of Schizophrenia and Depression (NARSD) to raise money to fund research into the causes of mental illness and its effective treatment, dated November 11, 1985.

f. An article, "On Being the Step-Parent of a Person With a Long-Term Mental Illness," by Cathlyn Ivey, AMI of Dane County, May 1986.

g. An article, "Medicalizing the Margins: On Being Disgraced, Disordered and Deserving," by Sue E. Estroff, Ph.D., dated April 1985.

h. An article, "Mental Health: A Health Care Agenda for the State," by David Goodrick, dated 1985.

i. An editorial, "Mental Illness Progress," appearing in the Boston Globe, Saturday, July 5, 1986.

j. A letter to prospective patients, families and referral sources from the Federal DHHS to prospective patients, families and referral resources, describing a National Institute of Mental Health (NIMH) research program on the biological and neurological components of schizophrenia, undated.

k. A paper, "Expressed Emotion: A Family Perspective," by A. Hatfield, Ph.D., L. Spaniol, Ph.D., and A. Zipple, M.S., undated.

l. Remarks by James W. Howe, President, National Alliance for the Mentally Ill, presented to the 1986 Convention of the National Alliance for the Mentally Ill, dated July 5, 1986.

C. STUDIES NOT SPECIFIC TO WISCONSIN MENTAL HEALTH SERVICES

1. "Care of the Seriously Mentally Ill: A Rating of State Programs," by E. Fuller Torrey, M.D., and Sidney M. Wolfe, M.D., dated 1986

a. Date of Study

This study was conducted in 1985 and 1986, using data primarily from that same period.

b. Subject and Methodology

The purpose of this study was to rate the adequacy of services for the seriously mentally ill in the 50 states and the District of Columbia, in order to determine in which states a seriously mentally ill person would be the most likely to receive good care. Twelve sources of information were used to rate inpatient and outpatient community services for the seriously mentally ill: (1) Health Care Financing Administration (HCFA) surveys of state psychiatric hospitals; (2) Joint Commission on Accreditation of Hospitals (JCAH) surveys of state psychiatric hospitals; (3) internal surveys done by state's departments of mental health; (4) interviews of mental health professionals and other experts; (5) surveys of family consumer groups, primarily affiliates of the NAMI; (6) survey of ex-patient groups; (7) U.S. Department of Justice, Civil Rights Division investigations; (8) NIMH investigations of community mental health centers; (9) block grant compliance review reports; (10) community support projects summaries; (11) other published documents and government reports; and (12) field experience of Dr. Torrey.

c. Findings and Conclusions

The authors rated the 50 states and the District of Columbia according to the combined inpatient and outpatient ranking of services for seriously mentally ill persons and the progress the states were making in improving their services. The authors found that the following states rated highest in combined inpatient and outpatient services: Wisconsin, Rhode Island, Colorado, Maine, Oregon, Iowa and New Hampshire. The following states had the lowest ranking in combined inpatient and outpatient services: West Virginia, South Carolina, Montana, Texas, Delaware, Mississippi, New Mexico and Hawaii.

The authors also found that no correlation exists between the quality of the state programs and the per capita income of the state; they also found no correlation between the quality of the state programs and the per capita mental health expenditures of the state.

The authors cite the following six factors as common denominators of states doing a comparatively good job: (1) good leadership in the state mental health agency; (2) interest and leadership by the Governor and the State Legislature; (3) strong groups for the seriously mentally ill; (4) medium-sized state populations; (5) decentralization of authority and fiscal responsibility to counties or state regions; and (6) fiscal systems in which funds follow the patient from the hospital to community programs, instead of "trickling up" to fund larger mental health bureaucracies.

2. "Funding Sources and Expenditures by State Mental Agencies: Revenue/Expenditure Study Results, Fiscal Year 1983," conducted by the National Association of State Mental Health Program Directors, under contract with the NIMH, dated August 1985

a. Date of Study

The authors conducted this study using data from fiscal years 1981-82 and 1983-84.

b. Subject and Methodology

The purpose of this study was to: (1) analyze and summarize revenues and expenditures under the direct control of each state's mental health agency for fiscal year 1983-84; and (2) compare fiscal year 1983-84 funds to fiscal year 1981-82 expenditures and revenues. The authors compiled data including the total funds under the direct administrative control of the state mental health agencies for major programs including state mental hospitals, other hospital inpatient services, community-based programs and

mental health agency support services (including prevention, research, training and administration).

c. Findings and Conclusions

In terms of total state mental health agency expenditures, per capita expenditures among the states range from a low of $8.50 (Puerto Rico) to a high of $74.06 (New York) in fiscal year 1983-84. When broken down by type of services (inpatient care, ambulatory services, residential services and other treatment services), inpatient expenditures accounted for the highest portion of total state mental health agency-controlled expenditures for both fiscal years 1981-82 and 1983-84. Ambulatory services comprised the second largest expenditure category, followed by residential services.

The authors found that, on a national basis, state hospital expenditures consumed the largest proportion of state mental health agency funds. From fiscal years 1981-82 to 1983-84, state hospital expenditures decreased generally, while expenditures for community-based programs remained relatively constant.

In terms of revenue sources, the authors found that the largest source of funding for state mental health agency-controlled services was state government funds. However, the proportion of state funding of mental health services declined between fiscal years 1981-82 and 1983-84, while the proportion of federal revenues, primarily from the alcohol, drug abuse and mental health block grant program, increased during this period. In absolute terms, Medicaid (Medical Assistance) constituted the largest source of federal revenue for state mental health programs.

In a supplementary document, entitled "Selected State and Federal Government Agency Mental Health Expenditures Incurred on Behalf of Mentally Ill Persons," dated June 1985, the authors analyzed mental health program expenditures of state and federal agencies other than mental health agencies. These agency expenditures included funds from the following programs: vocational rehabilitation, corrections/criminal justice, social services, Medicaid, special education and federal housing programs, federal special education funds, Supplemental Security Income program expenditures and Social Security disability insurance.

The authors state that the results of this study suggest that expenditures by these nonmental health agencies for mental health-related programs, are significant. The total state government expenditures from other state agencies for fiscal year 1983-84 was $1.8 billion, compared with the total amount spent by state mental health agencies of just over $6 billion. The total expenditures for this same period by federal agencies other than mental health agencies was $3 billion.

3. "Guidelines for Involuntary Civil Commitment: Penultimate Draft," by the National Center for State Courts, National Task Force on Guidelines for Involuntary Civil Commitment, dated January 1986

a. Date of Study

This study was conducted beginning in January 1981 and completed in June 1986.

b. Subject and Methodology

The purpose of this study was to provide involved parties (courts and mental health, social service and law enforcement agencies) with practical information to assist them in making the adult involuntary civil commitment process work as fairly and as efficiently as possible. This study constituted the full study from which the Milwaukee County study, described in Section B, 4, was derived.

This study was conducted in three phases: Phase I, the research and development phase, included a review of the professional literature on involuntary civil commitment, a comparative analysis of commitment laws in 20 states and extensive field research in six metropolitan areas (Chicago; Columbus; Ohio; Los Angeles; Milwaukee; New York; and Winston-Salem, North Carolina). Phase II involved drafting provisional guidelines, based on Phase I activities; refining them into nationally-recognized standards for involuntary civil commitment; and encouraging limited implementation of these standards. Phase III, currently underway, involves efforts to "put the Guidelines into the hands of those willing and able to use them and to disseminate and advance the innovations developed in the Project's first two phases."

c. Findings and Conclusions

The guidelines developed and disseminated during the study proposed specific actions, procedures and structural arrangements other than statutory changes. The suggested guidelines are arranged in the following categories: (1) essential foundations of the involuntary civil commitment process; (2) screening mechanisms and procedures; (3) detention and custody by law enforcement officers; (4) mental health examination, treatment and release before judicial hearing; (5) legal representation; (6) court hearings; (7) judicial determinations and case dispositions; and (8) post-hearing matters. There are a total of 64 guidelines.

4. "The Homeless Mentally Ill: A Task Force Report of the American Psychiatric Association," edited by H. Richard Lam, M.D., dated 1984

a. Date of Study

This study was conducted in 1983 and 1984.

b. Subject and Methodology

The American Psychiatric Association (APA) Task Force on the Homeless Mentally Ill was formed for the purpose of gathering and summarizing all available research and data relating to the homeless mentally ill and to formulate recommendations for dealing with the problems of this population. Individual experts compiled recent research findings on 13 different aspects relating to the homeless mentally ill; the entire Task Force then arrived at its recommendations for dealing with problems of the homeless mentally ill. A grant from the Federal DHHS's Alcohol, Drug Abuse and Mental Health Administration was awarded to the Task Force to fund visits to programs providing services to the homeless mentally ill throughout the country. Task Force members visited programs in Boston, New York City, Washington, D.C., Los Angeles and San Francisco between November 1983 and February 1984.

c. Findings and Conclusions

The major conclusion of the Task Force was that homelessness among the mentally ill was not a result of deinstitutionalization *per se* but, rather, was a result of the way in which deinstitutionalization has been implemented. The major recommendation of the Task Force was to establish a comprehensive and integrated system of care for the homeless mentally ill, with designated responsibility, accountability and adequate fiscal resources.

The Task Force then made 14 derivative recommendations setting out more specifically optimal services for the homeless mentally ill, as perceived by the Task Force. In the legal and administrative areas, the Task Force recommends that new laws and procedures be developed to guarantee a right to treatment in the community. This report is available in the Legislative Reference Bureau Library, Room 201 North, State Capitol.

5. A Model State Law on Civil Commitment of the Mentally Ill, by the American Psychiatric Association, Clifford D. Stromberg and Alan A. Stone, dated 1983

a. Date of Study

This study, and the drafting of the model law, was conducted during the period of the mid-1970's to 1983 and is based on data and policies covering approximately a 20-year period of time.

b. Subject and Methodology

The Council on Governmental Policy and Law of the APA reviewed the civil commitment laws of the 50 states and the history of mental health legislation, litigation and policy over a 20-year period. Based on this review, the APA Council drafted a model civil commitment law setting forth procedures for the psychiatric hospitalization of adults, including emergency detention and involuntary commitment.

c. Findings and Conclusions

The APA Council concluded that most states' commitment laws focus excessively on the state's interest in confining mentally ill persons and too little on the state's interest in treating the mentally ill. The APA model law would create a different commitment standard, allowing commitment of a person who is likely to suffer deterioration but limiting commitment to those who are incapable of deciding on their own about their need for care, regardless of whether they may be dangerous to themselves or others.

The APA model law also proposes separate procedures for emergency and nonemergency commitment. In emergency situations, the APA model commitment criteria are that the person: (1) suffers from a severe mental illness; (2) is likely to cause harm to others or harm to self or is likely to suffer substantial mental or physical deterioration; (3) lacks the capacity to make an informed decision concerning treatment; and (4) requires immediate hospitalization to prevent harm to the person or to others. For nonemergency commitment, the APA model law's criteria are that the person: (1) suffers from a severe mental disorder; (2) lacks the capacity to make an informed decision concerning treatment; (3) is likely to cause harm to self or others or to suffer substantial mental or physical deterioration; (4) refuses, or is unable to consent to, voluntary admission; and (5) has a reasonable prospect of being successfully treated at or through the facility that represents the least restrictive alternative.

Under the model law, involuntarily committed patients would not have the right to refuse appropriate treatment because, by definition, they lack the capacity to consent to treatment.

6. "The Empirical Consequences and Policy Implications of Broadening the Statutory Criteria for Civil Commitment," by M. L. Durham, and J. Q. LaFond, dated Spring 1985

a. Date of Study

This study, funded by the NIMH, was conducted between 1981 and 1985.

b. Subject and Methodology

In 1973, the State of Washington enacted a restrictive civil commitment statute which considerably narrowed the power of the state to confine mentally ill persons against their will. In 1979, Washington revised its civil commitment statute and greatly expanded the power of the state to involuntarily commit mentally ill persons, without significantly altering commitment procedures. The authors conducted an empirical study to systematically analyze the consequences that followed the revision of the statutory commitment criteria to expand the substantive authority of the state to confine mentally ill persons against their will.

Under the 1973 law, a person could be committed if, as a result of a mental disorder, the person presented a likelihood of serious harm to others or to themselves or were gravely disabled. "Gravely disabled" was defined as "a condition in which a person, as a result of a mental disorder, is in danger of serious physical harm resulting from the failure to provide for his essential human needs." This criterion was not met if the individual could live independently or with the assistance of family or friends.

The 1979 amendments expanded the definition of gravely disabled to mean "a condition in which a person, as a result of a mental disorder (a) is in danger of serious physical harm resulting from a failure to provide for his essential human needs of health or safety, or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety." The 1979 amendments also redefined "likelihood of serious harm" to include harm to the property of others, as well as harm to persons.

The authors studied the effects of the change in the Washington civil commitment law by examining a computerized file of all patients committed to state mental hospitals and a large sample of individuals of involuntary

commitment case records in two county offices for the period two years prior to, and two years following, the 1979 amendments.

c. Findings and Conclusions

The authors listed the following major conclusions of the study: (1) persons were committed under the new statutory commitment criteria substantially before the effective date of the statute; (2) the number of patients committed involuntarily increased significantly and many patients who had had no previous contact with state hospitals were committed to psychiatric facilities; (3) these new patients stayed in hospitals longer than other patients and became chronic users of the state mental hospitals; (4) the major state mental hospitals became extremely overcrowded and tried unsuccessfully to put a limit on new admissions; (5) voluntary patients were virtually excluded from state hospitals; and (6) the litigation outcomes in contested cases seem to have been affected by structural arrangements for providing indigent persons with legal representation at commitment hearings.

7. "The National Institute of Mental Health Community Support Program. History and Evaluation," by Paul Carling, Ph.D., dated April 15, 1984

a. Date of Study

This study was conducted in 1983 using data dating from 1977-1983.

b. Subject and Methodology

In 1977, the NIMH created a pilot program called the Community Support Program (CSP) targeted at the population of adult psychiatric patients with severe and persistent disabilities. Through this Program, NIMH channeled federal funds to state agencies for the establishment of comprehensive community-based support systems to serve the mental health services needs of this population. As of 1983, 48 states and the District of Columbia had created CSP's under contract with and guidelines established by NIMH.

Evaluation of these programs by NIMH began in 1979. To date, NIMH has conducted a number of different assessments of the CSP's, based on state CSP reports to NIMH, as well as NIMH staff reviews of individual CSP's and nationwide accomplishments of the entire CSP program. In 1983, federal NIMH staff and state CSP project directors reviewed progress of the entire CSP program to date and developed long-term future goals for the program.

c. Findings and Conclusions

Based on the 1983 assessment, the NIMH CSP review committee made a total of 37 recommendations for CSP activities over the next 10-year period. These recommendations fall into the categories of: overall goals; federal roles; state roles; local roles; research goals; family members' goals; and consumer/ex-patient goals. The committee also identified a number of "emerging issues" for use in future assessments of the CSP's.

8. Compiled Materials Relating to the Nature and Treatment of Mental Illness, Collected by the DHSS, Office of Mental Health, undated

This material is not the result of a study; however, it was provided to Committee Staff by the DHSS in response to a request by Committee members for information relating to causes and treatment of mental illnesses. The materials include the following items:

a. An article, "Effective Community Treatment of the Chronically Mentally Ill: What is Necessary?", by Mary Ann Test, dated 1981.

b. An article, "The Long-Term Treatment of Young Schizophrenics in a Community Support Program," by Mary Ann Test and Dr. William H. Knoedler, undated.

c. An article, "Community Support Programs," by Mary Ann Test, dated 1984.

d. Remarks by Dr. William H. Knoedler, presented at the AMI of Wisconsin Fall Meeting, entitled "Persons with Chronic Mental Illness and CSP," dated September 24, 1983.

e. An article, "The Broken Brain: The Biological Revolution in Psychiatry," by Nancy Andreasen, M.D., Ph.D., dated 1984.

f. A summary of remarks, "Recent Research in Manic-Depressive Illness and Schizophrenia," given at a NAMI Conference in October 1984.

g. An article, "Schizophrenics Can Lead Normal Lives, Recover, 30-Year Study Concluded," author unknown, dated June 21, 1985.

h. An article, "Surviving Schizophrenia: A Family Manual," by E. Fuller Torrey, M.D., dated 1983.

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